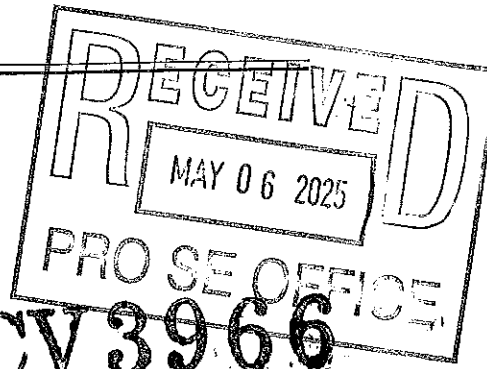


UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK



Gombos, Clifford (22R1035)

Write the full name of each plaintiff.

25 CV 3966

No. (To be filled out by Clerk's Office)

IN There -against Individual Capacity

COMPLAINT  
(Prisoner)

Singh, S.G.T - Gornat, C.O Bentley, C.O Tubak

C.O Kieney, S.G.T - Jannik, C.O Digonet, C.O Vasquez

Do you want a jury trial?  
☒ Yes ☐ No

M.I. New Port, S.G.T - Filagueras, C.O Jones, C.O Miller, C.O Pugli, Jannik

Zarcone, C.O - Seatter White, Tortello, Brock JR, Hartloff, Herman

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.



**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Clifford Samir Gambao  
First Name Middle Initial Last Name

N/A  
State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

22R1035  
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Collins Correctional Facility  
Current Place of Detention

P.O. Box 340  
Institutional Address

Collins NY 14034-0340  
County, City State Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee  
☐ Civilly committed detainee  
☐ Immigration detainee  
☒ Convicted and sentenced prisoner  
☐ Other: \_\_\_\_\_



## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Giorno  
 First Name Last Name Shield #  
S.G.7  
 Current Job Title (or other identifying information)  
Collins Correctional Facility Middle Road P.O. Box 340  
 Current Work Address  
Collins NY 14034  
 County, City State Zip Code

Defendant 2:

Tonnik  
 First Name Last Name Shield #  
S.G.7 At Middle Road P.O. Box 340 Collins-C.F.  
 Current Job Title (or other identifying information)  
Collins Middle Road P.O. Box 340  
 Current Work Address  
Collins NY 14034  
 County, City State Zip Code

Defendant 3:

Filaquero  
 First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
Collins C.F. Middle Road P.O. Box 340  
 Current Work Address  
Collins NY 14034  
 County, City State Zip Code

Defendant 4:

Seatterwhite  
 First Name Last Name Shield #  
Correctional officer  
 Current Job Title (or other identifying information)  
Collins C.F. Middle Road P.O. Box 340  
 Current Work Address  
Collins NY 14034  
 County, City State Zip Code



Gambao, Clifford <sup>Pin</sup> (22R1035)

- Against -

Jinglton	S.G.T - Gornot	C.O - Jubak	C.O Vasquez
C.O Tannis	S.G.T - Jannik	C.O Dagonette	C.O - Miller
C.O Kiener	S.G.T - Filoquera	C.O Jones	C.O Brock Jr
M.I Newport	C.O - Sedtferwhite	C.O Tortutello	C.O Pugh, Jannik
Zarcone	C.O Bentley	C.O Rodriguez	C.O Hartloff, Herman
C.O - Grodz			





## V. STATEMENT OF CLAIM

Place(s) of occurrence: Collins Correctional Facility

Date(s) of occurrence: February, 17, 2025

## FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Duty and Breach of Contract Negligent tort Supervisors is to Place a Duty of Care to Maintain a safe Workplace for individuals incarcerated and Corrections officers and staff stuck on the Job. Not Part in a unlawful and illegal strike that creates An imminent threat to the safety of individuals incarcerated/As Myself Which Violated and Breached this Duty of care and Contract Knowing that Act could cause a state of Emergency I'm a individual lock in a cell 24 hours <sup>in Collins CCJ</sup> there's no reason why Any supervisor should strike Against My living conditions the strike conflict Against My Anthropology He, in His official Capacity, owed me a Greater Duty of care than I received. I received Tickets While supervisors was out on strike Which should have been through out Because there was no movement. Medical Care was not being Provided to incarcerated people in a timely manner. Mail As well as legal Mail Was Not being send out or received. Visitation was canceled over

0

officers Boycotting there own Work Place. Grievance letters was Not Being Addressed. I Wasn't Receiving Any Law Library Which Violat My Due Process For My Article 78 and My Ticket Hearings. Staff went on a illegal Strike to cause chaos & DISCORD SO I.O.'S & the govt could suffer. They have been Deliberate indifferent & Denied me ACCESS OF Court. I was not able to Handle my Many legal issues due to the Strike & no Law tickets. I couldn't Practice and missed out several Holidays. I Also didn't receive my Religion INJURIES: Proper medical Care. For Bodily Injuries, receive

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Mental, Emotional and Financial. P.T.S.D, Anxiety More Box time, Insomnia, and no treatment For Bodily aches & pains due to the stress of everything

## VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I would be Requesting \$50,000 \$ and that my Box time be Rescinded



## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

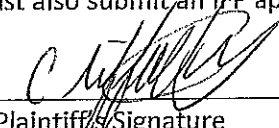
By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

4/27/25  
 Dated \_\_\_\_\_  
  
 Plaintiff's Signature \_\_\_\_\_  
Clifford Samir Gamboa  
 First Name Middle Initial Last Name  
Collins C  
 Prison Address \_\_\_\_\_  
Collins NY 14034-0340  
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 4/27/25



